

**NC DIVISION MH/DD/SAS**  
**JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP**  
**(JJSAMHP) (Formerly MAJORS)**  
**2012/2013**

<b>LME/MCO:</b>	<b>Contract Provider:</b>	<b>Date:</b>	
<b>Control #:</b>	<b>Admission Date:</b>	<b>Record #:</b>	
<b>Rating Codes: 0 = No 1 = Yes 9 = NA</b>			<b>Rating</b>
1. There is evidence that this individual meets the requirements of the designated target population.			
2. There is evidence of application for Medicaid/Health Choice.			
3. There is evidence that a NC TOPPS was completed within the required timeframes: a. Initial Assessment b. 3 month update c. 6 month update d. 12 month update e. every 6 months thereafter			a.
			b.
			c.
			d.
			e.
4. There is evidence of a release of information signed by the child for sharing of information between the local juvenile court and the JJSAMHP			
5. There is evidence that the LME/MCO contracted with this provider to provide services.			
6. There is evidence that the LME/MCO notified and informed the provider of the block grant requirements.			
<b>Comments:</b>			
<b>REVIEWER:</b>			

**NC DIVISION OF MH/DD/SAS**  
**JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP**  
**2012 / 2013**

**MONITORING GUIDELINES**

**Please ensure that all information at the top of the tool is complete. Admission Date is the date admitted to JJSAHMP program.**

**IMPORTANT: DO NOT WRITE THE INDIVIDUAL'S NAME ON THE MONITORING FORM. THIS IS FOR CONFIDENTIALITY REASONS. DOCUMENT PROVIDER RECORD # ONLY.**

**Question #1** Reviewer will review each service record to determine if there is evidence that the individual meets the designated target population. See attached checklist

**Question #2** Review applications, correspondence, receipts for purchased services, event tickets and / or progress notes to determine if attempts were made to access various funding, i.e., an application was made for Medicaid / Health Choice. Other evidence may include: if the individual was considered ineligible, did they sign consent to bill insurance? If the family refused to apply, look for documentation indicating such.

**Question # 3** The reviewer will review each service record to determine if an NC TOPPS Initial Assessment was completed. An Initial Interview must be completed with the consumer in an in-person interview at the beginning of an episode of care. The Initial Interview should be completed during the first or second treatment visit as part of the development of the consumer's treatment plan. Subsequent updates must be completed within 15 days before or after the due date. The due dates are based upon the day the initial interview was started on the web-based system.

- A copy of the NC TOPPS Initial Assessment form should be found in the service record.
- The reviewer should determine when the initial assessment was started and calculate when the 3, 6, and 12 month updates were due (updates after 12 months are every 6 months).
- The reviewer will review each service record to determine if an NC TOPPS Initial Assessment was completed late and when the 3, 6, and 12 month updates were due (updates after 12 months are every 6 months).
  - ◆ 3 month update: 90 days following initial interview, plus or minus 2 weeks (76-104 days)
  - ◆ 6 month update: 180 days following initial interview, plus or minus 2 weeks (166-194 days)
  - ◆ 12 month update: 360 days following initial interview, plus or minus 2 weeks (346-374 days)
  - ◆ 6 month updates thereafter (18, 24, 30, etc. months)

**\*\* The intent of the review is to determine compliance with TOPPS requirements during the current Fiscal Year. If the individual receiving services was admitted on or after July 1, 2012, review initial and all subsequent assessments. If the individual started services prior to July 1, 2012, the reviewer will determine when updates were due during the current fiscal year and evaluate for compliance.**

Rate each element (a-e) 1/MET or 0/NOT MET. If an update is not due, rate the element (b-e) 9/NA. All elements (a-e) must be rated either 1 or 9 for the overall rating to be 1/MET. If any element is rated 0, the overall rating is 0/NOT MET.

**Question #4** The reviewer will determine if there is a signed release of information between the local juvenile court and the MAJORS Program to communicate regarding the individual's treatment services.

**Question # 5** The reviewer will review the contract between the LME/MCO and the Provider Agency.

**Question # 6** The reviewer will review evidence that the LME/MCO notified/informed the contract provider of the requirements of the SAPT Block Grant.